Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

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) jons Carrier (ETC) must provide a	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2017	IA	Wellman Cooperative Telephone Association
Recertification Year	State	ETC Name
N/A		
		Holding Company Name
DRA Marketing or Of	ther Branding Name I/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Ot (If same as ETC name, list "N	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes
DBA, Marketing, or Of (If same as ETC name, list "New york as ETC name, list of all ETCs that as extended in accordance with the same or controls, is owned or controls, is owned or controls."	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No O
DBA, Marketing, or Of (If same as ETC name, list "Nees the reporting comp	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No O using page 4 and additional sheets if necessary. Affiliation shall be

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

n	Q
<u> </u>	Subscribers De-Enrolled for Non-Usage
Month	0
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

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	JH
Initial	

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

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Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

C. Total status	E.	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A. O	Feb 0	0	0	0	0	0	0	0	0	0	0	0
B. 0	0	0	0	0	0	0	0	0	0	0	1	1

Recertification Methods

D. Subscribers recertified through ETC access to state or federal database by anniversary month

D. Subscribers re	eligible su	bscribers ver	ified through	access to a	state or feder	al database. Jul	Aug	Sep	Oct	Nev	Dec	Year Total
D. O	Feb O	Mar O	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

F.	nort	the number	of Lifeline s	subscribers th	se ETC conta	cted directly	to obtain rec	ertification o	of eligibility	Sep	Oet	Nov	Dec	Year Total	
Γ	JOI	Jan	Feb	Mar	Apr	May	Jun				0	0	0	0	
<u> </u>	F.	0	0	0	0	0	0	<u> </u>	<u> </u>			l			

G. Subscribers who failed to recertify through ETC direct outreach attempt

G.	Subscribers	who failed	to recertify	Infough L	I C dilooi o		•		1					
Papar	t the number	of Lifeline s	ubscribers de	-enrolled du	e to ineligibi	lity or non-re	sponse to the	Aug	Sep	Oct	Nov	Dec	Year Total	
Керы	Jan	Feb	Mar	Apr	May	Jun	Jui						1000	ı
						1	0	0	0	0	0	U	\ <u>\</u>	ĺ
G.	0	0_	0	U	U									

H. Subscribers who recertified through ETC direct outreach attempt

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R	eport	the number	of Lifeline s	ubscribers th	at successful	y recertified	through E10	Souteach	Aug	Sep	Oet	Nov	Dec	Year
Г		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	l see				Total
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- 1		0				<u> </u>								

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

			of Lifeline	onlyseribers c	ontacted by	a state admin	istrator, third	party admin	istrator, or U	SAC for the	purpose of re	Nov	Dec	Year
ŗ	epor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	NOV	Dec	Total
-		Jan									_	Λ	1	1
Ì	I.	Λ	n	0	0	0	0	0	U	U	U	U	1	
ı		U	<u> </u>											

I	Name of third party administrator used to verify subscriber eligibility
J.	Name of third party administrator used to verify subscriber engine

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Reno	rt the number	of subscriber	rs as a result	of incligibili	y or non-res	ponse to out	reach from a	State adminis	Sep	Oct	Nov	Dec	Year
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	l peh				Total
1										0	i n	1 A	1 N 1
Κ.	^	0	0	1	10	0	1 0	U	Į U	U	<u> </u>	U	
	V	U	U				1		<u> </u>				

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC Nov Dec Year The Company of the subscribers and the subscribers that recertified through a request from a state administrator, third party administrator, or USAC														
	100	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	l Oct	1007		Total
-							0	0	0	0	0	0	11	1
٦	.	U	U	<u> </u>	<u> </u>									

Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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Initial	

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this

certification for the SAC(s) listed above.	
Initial	
Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the Salisted above.	AC(s)
Initial JH	
No Subscribers I certify that my company did not claim federal low income support for any Lifeline subscribers for the current data year. I am an officer of the company named above. I am authorized to make this certification for the SAC above.	Form 555 isted
Initial	

M = (G+K)	N = (D+F+I)	O = M/N*100		
otal number of subscribers de-enrolled as result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled		
	1	0.0%		

Signature Block

ignature Block	
By signing below, I certify that the company listed a procedures. I am an officer of the company named ab Area Code (SAC) listed above.	bove is in compliance with all federal Lifeline certification ove. I am authorized to make this certification for the Study
Signed, Jayne Hochstedler, CFO Signature of Officer	Jayne Hochstedler, CFO Printed Name and Title of Officer Jan 25, 2018
Jaynetel@netins.net Email Address of Officer Jayne Hochstedler Person Completing This Certification Form	Date 319-646-6075 Contact Phone Number

Affiliated ETCs

SAC	Name
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